



**CONFIRMATION OF INFORMATION REQUEST**

AB-233 2021-05

**3<sup>rd</sup> PARTY DECLARATION AND CONTACT INFORMATION:**

We, \_\_\_\_\_, hereby request  
**Name of Company**  
confirmation of examination and/or certification information for the client listed below.  
Attached is their written consent to request their personal information.

**Requested By:**

_____	_____
<b>Name (Print)</b>	<b>Signature</b>
_____	_____
<b>Name of Company</b>	<b>Date of Request (yyyy/mm/dd)</b>
_____	_____
<b>Tel.</b>	<b>Email</b>

**CLIENT INFORMATION:**

_____	_____
<b>First Name</b>	<b>Last Name</b>
<b>ABSA File Number: A-</b> _____	<b>Birth Date:</b> _____ (yyyy/mm/dd)
<b>Certificate Number:</b> _____	

**PAYMENT INFORMATION:**

Cheque payable to:  <b>ABSA, the pressure equipment safety authority</b> 9410 – 20 <sup>th</sup> Avenue Edmonton, AB T6N 0A4 Phone (780) 437-9100 Fax 437-7787 Exams Toll Free Line - 1-888-454-3926 <a href="http://www.absa.ca">www.absa.ca</a> Email: exams@absa.ca	<b>Amount:</b>	\$147.00	<input type="checkbox"/> MC, <input type="checkbox"/> VISA, <input type="checkbox"/> AMEX
	<b>Cardholder Name:</b>	_____	
	<b>Card Number:</b>	_____	
	<b>Expiry Date:</b>	_____	
	<b>Signature:</b>	_____	